



Asthma-Friendly Schools Recognition

Interest Form

SY 2025-2026

Thank you for your interest in the Florida Asthma Coalition's Asthma Friendly Schools Recognition.

We are excited that you are embarking on this endeavor and taking the first step towards recognition as an Asthma-Friendly School. Please complete the Interest Form and submit it to info@floridaasthmacoalition.com. Once received, an Asthma-Friendly Mentor will contact you within one week to assist with the application process.

Please feel free to familiarize yourself with the [Asthma-Friendly School application](#) in advance to become knowledgeable of the levels of recognition and their requirements.

Topics include:

- Basic asthma information
- Identifying and controlling asthma triggers
- Understanding asthma medications and the Asthma Action Plan
- Recognizing the warning signs of an asthma episode or attack

Your Contact Information:

First Name

Last Name

E-Mail Address

Phone Number

Position / Role (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Parent / Guardian |
| <input type="checkbox"/> Teacher / Faculty (subject area taught below) | <input type="checkbox"/> School Volunteer |
| <input type="checkbox"/> Social Worker / Counselor School Nurse | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Health Tech | <input type="checkbox"/> Custodial Worker |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Bus Driver |
| | <input type="checkbox"/> School District Staff |



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School district and county:

School Name:

School Level (check all that apply):

- Pre-K
- Elementary
- Middle
- High

Please check type of school

- Public
- Private
- Charter

Other (please specify):

Is this a Title 1 school?

- Yes
- No
- Not Sure